POWER OF ATTORNEY

Date:				
I/We			 ,	hereby name and
appointName		to be my/our	lawful	attorney and to act
for me/us to apply for certificate of	of title or r	egistration.		
Year	Mal	ке		· · · · · · · · · · · · · · · · · · ·
Vehicle Identification Number _				
	X			
Print Owners Name		Signature of Owner		
Print Owners Name	x			
Print Owners Name		Signature of Owner		Date
Address	City/Sta	te	ZIP	Telephone #
The signature of			was s	subscribed and
sworn to before me at		NH county of		
on this the day of			in th	e year of
		Notary / Justice o	f the Pea	ace
		Signed		
		Printed		
	My commission expires			

THIS FORM MUST BE NOTARIZED

Note: Please sign name(s) as they appear on the title.